

The City of Bedford Heights
5661 PERKINS ROAD
BEDFORD HEIGHTS, OHIO 44146
PHONE: 440-786-3237 FAX: 440-786-3277



PROCEDURE FOR CONTRACTORS REGISTRATION

CODIFIED ORDINANCE, CHAPTER 1333, SECTION 1333.03 REQUIRES THAT CONTRACTORS ENGAGED IN BUILDING OR ALLIED TRADES WITHIN THE CITY BOUNDARIES, MUST BE REGISTERED.

CARPENTRY	PLUMBING AND HEATING
CEMENT AND/OR ASPHALT	REFRIGERATION AIR CONDITIONING
ELECTRICAL	ROOFING
GENERAL BUILDING CONTRACTOR	SEWER BUILDING
HEATING AND AIR CONDITIONING	SIDING / WINDOWS
LANDSCAPING	SIGN INSTALLER
MASONRY	STRUCTURAL STEEL
PAINTING	SWIMMING POOL
ALARM / FIRE SUPPRESSION / TESTING	TILE INSTALLER
SATELLITE DISH	PLUMBING / WATER PROOFING

WHEN REQUESTING LICENSE BY MAIL, ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE.

CONTRACTORS WORKING IN MORE THAN ONE CLASSIFICATION MUST SECURE A REGISTRATION FOR EACH AND EVERY CLASSIFICATION.

REGISTRATION IS ISSUED FOR THE CALENDAR YEAR, STARTING JANUARY 1 OR ANY DATE THEREAFTER DURING THE YEAR, AND EXPIRES DECEMBER 31, OF ANY OF THE SAME YEAR. THE FEE IS **\$100.00**, A YEAR OR FOR ANY PORTION THEREOF.

TO OBTAIN A REGISTRATION:

- A. SECURE FROM THE BUILDING DEPARTMENT OFFICE AT CITY HALL FOR EACH CLASSIFICATION FOR WHICH A REGISTRATION IS DESIRED:
 1. AN APPLICATION FORM.
 2. \$10,000.00 PERFORMANCE BOND FORM.
- B. 1. APPLICATION FORM COMPLETELY FILLED IN AND SIGNED BY AN OFFICER OF YOUR COMPANY. PLEASE USE PEN OR TYPEWRITER.
2. THE PERFORMANCE BOND FORMS MUST BE CERTIFIED AND EXECUTED FOR BY YOUR BONDING AGENT WITH A CERTIFICATE OF INSURANCE AND THE THE CITY NAMED AS ADDITIONAL INSURED AND CARRYING PUBLIC LIABILITY INSURANCE WITH A COVERAGE OF AT LEAST \$500,000.00 POLICY LIMITS FOR PERSONAL INJURY AND PROPERTY DAMAGE INSURANCE WITH A COVERAGE OF AT LEAST \$300,000.00. LIMITS AND SIGNED BY AN OFFICER YOUR COMPANY, OR \$50,000 CASH DEPOSIT IN LIEU OF BOND.

ALL CONTRACTORS AND SUB-CONTRACTORS MUST BE REGISTERED AND BONDED BEFORE OBTAINING A PERMIT.

NO REGISTRATION WILL BE ISSUED UNTIL THE COMPLETED FORMS ARE TURNED INTO THE BUILDING DEPARTMENT OF BEDFORD HEIGHTS.

**APPLICATION FOR REGISTRATION OF CONTRACTORS
CITY OF BEDFORD HEIGHTS, OHIO**

FOR THE CALENDAR YEAR OF 20__

DATE _____

I.R.S.EMPLOYER IDENTIFICATION NO. _____

WORKMANS COMPENSATION NO. _____

FIRM'S NAME_____

ADDRESS (NO P.O. BOX'S) _____

CITY_____ **STATE**_____ **ZIP** _____

PHONE NO. _(_____)_____

FAX NO. _(_____)_____

TYPE OF CONTRACTOR _____

CHIEF OFFICER _____

EXPERIENCE AND QUALIFICATIONS _____

APPLICANTS SIGNATURE

TITLE

EVER BEEN CONVICTED OF A BUILDING CODE VIOLATION _____

**NO LICENSE SHALL BE ISSUED UNTIL ALL COMPLETED FORMS ARE TURNED
INTO THE BUILDING DEPARTMENT.**

**NO PERMITS WILL BE ISSUED UNTIL ALL COMPLETED FORMS
(REGISTRATION, BONDS, CERTIFICATE OF INSURANCE, CITY INCOME TAX)
ARE TURNED INTO THE BUILDING DEPARTMENT.**